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Bib Data Sheet

CONFIRMATION NO. 5003

<b>SERIAL NUMBER</b> 09/840,746	<b>FILING DATE</b> 04/23/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1623	<b>ATTORNEY DOCKET NO.</b> PC-0039 US	
<b>APPLICANTS</b> Huei-Mei Chen, San Leandro, CA; Cynthia D. Honchell, San Carlos, CA; Y. Tom Tang, San Jose, CA;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/06/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 23	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> INCYTE GENOMICS, INC. 3160 PORTER DRIVE PALO ALTO, CA 94304					
<b>TITLE</b> Mucin-related tumor marker					
<b>FILING FEE RECEIVED</b> 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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## APPLICANTS

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Cynthia D. Honchell, San Carlos, CA;  
Y. Tom Tang, San Jose, CA;

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\*\* FOREIGN APPLICATIONS \*\*\*\*\*

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Verified and Acknowledged	Examiner's Signature	Initials		

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## TITLE

Mucin-related tumor marker

FILING FEE  RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Credit _____